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APPLICANTS

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** CONTINUING DATA ****

This appln claims benefit of 60/257,757 12/21/2000

F. N.
10/28/05

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	11	7	2
Verified and Acknowledged	<i>James</i> <i>Nguyen TN</i> Examiner's Signature Initials				

ADDRESS

28120
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TITLE

Microneedle array systems

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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